## Preliminary Report to

# HOUSE SELECT COMMITTEE ON DOMESTIC VIOLENCE AND THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES

on

## Study of Mental Health Services for Domestic Violence Victims

as originally required by Session law 2004-186 House Bill 1354 Part VI.-Section 6.1

August 25, 2004

Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

Department of Health and Human Services

### Study of Mental Health Services for Domestic Violence Victims Preliminary Report

#### General Assembly of NC Session 2003 House Bill 1354 Part VI.-Section 6.1.

#### August 25, 2004

In response to General Assembly Session 2003, Session Law 2004-186, House Bill 1354, Part VI. Section 6.1., the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services of the Department of Health and Human Services *shall study and develop a plan for serving clients of domestic violence programs with mental health and substance abuse service needs.* The plan will be based on findings and recommendations drawn from local investigations of domestic violence in North Carolina conducted by the Injury Prevention Research Center (UNC-Chapel Hill), the Pacific Institute for Research and Evaluation (UNC-Chapel Hill), and the Center for Child and Family Policy at Duke University, among others.

The plan will focus on the provision of diagnostic and referral services for any client in a domestic violence program suspected of having a mental illness or substance abuse problem and the delivery of appropriate services to clients meeting the target population criteria, as defined in the State Plan developed pursuant to G.S. 122C-102. Services that are determined to be best practice by the Department will be utilized to serve this population. The plan will also address the delivery of services to children identified through domestic violence programs. The fiscal impact of implementing the resulting plan will also be considered. The purpose of the plan is to provide safe preventive and intervention mental health and substance abuse services to the non-offending spouse and children affected by domestic violence.

The Division's recent review of the North Carolina Domestic Violence Programs Survey and the Chicago Area Domestic Violence Advocacy Programs reports indicate a significant need for mental health and substance abuse services among clients of domestic violence programs. The North Carolina survey identified 81 percent as having psychiatric illness while the Chicago report estimated that from 30 percent to 90 percent have mental health problems. Depression, post-traumatic stress disorder, anxiety and panic disorder were the mental disorders that were most commonly cited.

Studies on domestic violence further indicate a strong association between domestic violence and substance abuse. The estimate of substance abuse among participants in domestic violence programs ranges from 25 percent to 50 percent. Because many shelters have strict policies about substance use among its consumers, the treatment of substance abuse problems among domestic violence victims is particularly critical.

The majority of domestic violence incidents that are reported occur in homes where

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<sup>•</sup> Quoted statements or partial statements from the bill are italicized.

children are present. But the needs of children exposed directly or indirectly to violence are often not identified. The need to treat clinical symptoms that arise from the trauma of witnessing violence is obvious. But there is also a need for services directed towards the prevention of potential abusive behaviors among children to break the cycle of violence. In North Carolina, more than 44,000 victims of domestic violence received services from state funded domestic violence programs as cited in the NC Council for Women/Domestic Violence Commission Statistical Report 2002-2003 and approximately 6,000 children ages 0-12 years old and 3,000 children ages 13 to 17. This represents only those who actually sought services. The numbers do not count children who are not able to seek assistance.

The nature of domestic violence requires coordination and collaboration among formal and informal agencies to ensure that the services that are provided are appropriate to the age, culture, language of clients and their families and meet safety, legal, educational and other needs as well.

The Division will therefore *consult various stakeholders in the domestic violence network of organizations*. The Division will form a stakeholder group composed of representatives from domestic violence advocacy organizations to include the NC Coalition Against Domestic Violence, academic institutions, public agencies such as the Department of Administration/NC Council for Women and Domestic Violence Commission, the Department of Social Services, and local domestic violence, mental health and substance abuse providers.

The task of the stakeholder group will be to assist the Division in crafting the plan designed to address the mental health and substance abuse problems of clients and their children in domestic violence programs. Four meetings will be scheduled between September and November 2004 for input into plan development. The plan will be completed for submission to the General Assembly in a final report on or before January 1, 2005.